

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER

ATTORNEY OR UNREPRESENTED PARTY <i>(Name, State Bar number, and Address):</i> TELEPHONE NO.: FAX NO.: EMAIL ADDRESS:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF PLACER 11270 B AVENUE AUBURN, CALIFORNIA 95603 APPELLATE DIVISION	
APPELLANT:	
RESPONDENT:	
NOTICE RE ORAL ARGUMENT	CASE NUMBER:

I, _____, declare as follows:

1. I am the ☐ appellant ☐ counsel for appellant ☐ respondent ☐ counsel for respondent in this action.
2. Oral argument before the Appellate Division is currently set for: _____.
3. ☐ Pursuant to California Rules of Court, Rules 8.885(d), 8.929(d), I agree to waive oral argument and submit the matter based upon the briefs currently before the Appellate Division. I understand that oral argument will not be held except upon the invitation of the Appellate Division.
4. ☐ I do not agree to waive oral argument.

I declare under the penalty of perjury of the laws of the State of California that the foregoing is true and correct.

DATE:

PRINTED NAME	SIGNATURE
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FOR COURT USE ONLY:

RECEIVED ON: _____

RESPONSES RECEIVED FROM:	<input type="checkbox"/> APPELLANT	DATE:
	<input type="checkbox"/> RESPONDENT	DATE:

ORAL ARGUMENT:	<input type="checkbox"/> VACATED ON: _____ <input type="checkbox"/> STILL SCHEDULED; ALL PARTIES DID NOT WAIVE <input type="checkbox"/> STILL SCHEDULED PENDING RESPONSE FROM: <table style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr> <td><input type="checkbox"/> APPELLANT</td> </tr> <tr> <td><input type="checkbox"/> RESPONDENT</td> </tr> </table>	<input type="checkbox"/> APPELLANT	<input type="checkbox"/> RESPONDENT
<input type="checkbox"/> APPELLANT			
<input type="checkbox"/> RESPONDENT			

DATED: _____ Appellate Clerk, by _____, Deputy